

*Division of Health Care Finance and Policy*

**Fiscal Year 1991**

**Inpatient Hospital  
Discharge Database  
Documentation Manual**

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General Documentation  
FY1991 Inpatient Hospital Discharge Database

Table of Contents

	<u>Page</u>
General Comments	1
SECTION I.	3
1. Data Quality Standards	4
2. General Data Definitions	5
3. General Data Caveats	6
4. Specific Data Elements	7
SECTION II.	9
1. List of Hospitals Who Returned Response A Verification Statements	10
SECTION III.	
1. List of Hospitals Who Returned Response B Verification Statements	12
2. Hospital Specific Written Responses	13
SECTION IV.	
1. List of Hospitals By Category of Reported Data Errors	48
a. Number of Discharges	49
b. Month of Discharge	49
c. Discharges by Payor	49
d. Length of Stay	49
e. Number of Diagnosis Codes Used Per Patient	49
f. Number of Procedure Codes Used Per Patient	49
g. Type of Admission	50
h. Age	50
i. LOA Patients	50
j. LOA Days	50
k. Disposition	50
l. Accommodation Charges	50
m. Ancillary Charges	50
n. Source of Admission	51
o. Sex	51
p. Total Days	51
q. Race	51
r. Discharges by DRG	51
s. Discharges by MDC	51
SECTION V. List of Hospitals That Did Not Respond	52
SECTION VI. Unacceptable Data File	54

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Table of Contents

	<u>Page</u>
SECTION VII	
1. Attachment I – Response Sheet A	57
2. Attachment II – Response Sheet B	58
3. Attachment III – Type A and Type B Errors	59
4. Attachment IV – Summary of Verification Report Package	61
5. Attachment V – Listing of Hospital DPH Numbers	62

General Documentation  
FY1991 Inpatient Hospital Discharge Database

General Comments

The General Documentation of the fiscal year 1991 merged case mix and charge data is designed to provide researchers with an understanding of the data quality issues connected with the data elements they may decide to examine.

The General Documentation is divided into seven (7) sections.

**Section I:** Describes the basic data quality standards as contained in 114.1 CMR 17.00 **Requirement for the Submission of Case Mix and Charge Data** (referred to as the 17.00 Regulation); general data definitions, general data caveats, and specific data elements.

As the case mix and charge data plays a significant role in a hospital's reimbursement, the Massachusetts Rate Setting Commission (MRSC) required hospitals to use Response Sheet A (see Attachment I) to certify the correctness of their data as it appeared on the verification report or to use Response Sheet B (see Attachment II) to certify that the hospital found discrepancies in the data and was submitting written corrections that provided an accurate profile of the hospital's fiscal year 1991 discharges.

**Section II:** Lists hospitals which returned Response Sheet A to certify the correctness of their data as it appears on the database.

**Section III:** Lists hospitals which returned Response Sheet B to certify that they found discrepancies in their data and submitted written corrections to the Commission. Responses and explanations for the noted differences are also provided.

When reviewing the hospitals' comments regarding DRG discrepancies, researchers should be mindful of how discharges are grouped into Diagnostic Related Groups (DRGs) by the MRSC. The MRSC uses HCFA approved HIS software that is comparable to HCFA Version II Grouper Software. Although Version VIII of the HCFA Grouper was in effect for fiscal year 1991 clinical data, the MRSC continued to group data using Version II software for the purpose of reimbursement. Please be reminded that the MRSC calculates reimbursement on the basis of an aggregate of a hospital's case mix adjusted discharges, unlike Medicare, which reimburses a specific payment for each case in an individual DRG. To calculate reimbursement it is necessary to group the clinical data in the same manner for the rate year (fiscal year 1991) as was done for the base period (third and fourth quarters of fiscal year 1984, plus the first and second quarters of fiscal year 1985). Please note that under Chapter 23, fiscal year 1991 is the rate year. However, under the new chapter 495, fiscal year 1991 becomes the base year for subsequent years' price cap purposes.

General Documentation  
FY1991 Inpatient Hospital Discharge Database

General Comments - Continued

The Version II Grouper mapping methodology does not recognize the annually revised ICD-9-CM procedure and diagnosis codes because it was originally designed to use 1984 ICD-9-CM coding practices. Therefore, it is necessary to convert the newer ICD-9-CM codes to those acceptable to Version II. Using an ICD-9-CM Conversion Table software that was developed by Utilization Information Systems of the Massachusetts Hospital Association (MHA) and approved by the Commission, the MRSC mapped the pertinent 1991 code into a clinically representative code that was in effect prior to 1991. New codes that did not affect the DRG assignment were not included on the conversion table.

This mapping was done internally for the purpose of DRG assignment and for reimbursement and in no way alters the original ICD-9-CM codes that appear on the database. These codes remain on the database as they were reported by the hospital.

The hospital's profile of cases, as grouped by version II, is part of the verification report. It is this grouped profile on which the hospitals commented. The Commission urged hospitals to use the same version of grouper software as was used by the MRSC. Some hospitals were able to do this; others were not. Some hospitals did the comparison using HCFA's Version VIII of the Grouper. In those cases, the issue of DRG discrepancies is distorted. Please note in Section IV which version was used by the hospital when reviewing this information.

**Section IV:** Identifies categories where discrepancies were found. Each category is listed separately and the names of the hospitals reporting discrepancies for the specific category are listed with it. If the user wishes to review specific corrections reported by a given hospital, he/she should refer to that hospital's specific comments in Section III.

**Section V.** Lists hospitals that did not respond to the Rate Setting Commission's verification report project.

**Section VI:** Lists hospitals which have not submitted four quarters of acceptable data.

NOTE: In fiscal year 1991, all hospitals met the requirement of the 17.00 Regulation for all four quarters. As a result, this section of "Unacceptable Data" contains no data.

**Section VII:** Provides Attachments I through V.

General Documentation  
FY1991 Inpatient Hospital Discharge Database

SECTION I.

1. Data Quality Standards
2. General Data Definitions
3. General Data Caveats
4. Specific Data Elements

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Data Quality Standards

Hospitals submitted the merged case mix and charge data 120 days after the end of each quarter. The data was edited using the modified Integrated Data Demonstration (IDD) software developed under the IDD Pilot Project funded by a federal grant. Required data elements and corresponding edits are specified in the 17.00 Regulation.

The data was edited for compliance of a one percent error rate as set forth in the 17.00 Regulation. For each tape submission, hospitals received error reports displaying invalid discharge information. For each hospital, quarterly data which did not meet the one percent compliance standard was resubmitted by the individual hospital until such a standard was met. All hospitals met this one percent error rate standard for all four quarters of fiscal year 1991.

The one percent error rate was based on the presence of Type A and Type B errors as follows:

- Type A: One error per discharge caused rejection of the discharge.
- Type B: Two errors per discharge caused rejection of the discharge.

(See Attachment III for a listing of the data elements categorized by error type.) The edits specified by the 17.00 Regulation are not clinical edits. The edits primarily check for valid codes, correct formatting, and presence of required data elements.

When the majority of hospitals had met this compliance standard for all four quarters of their data, the yearly data was run through a series of frequency reports as part of a quality assurance/verification project. The intent of this project was to present hospitals with a profile of their data as held by the Commission. Hospitals were asked to verify selected data elements including number of days, number of discharges, amount of charges by accommodation and ancillary center, and listing of Diagnostic Related Groups (DRGs). (See Attachment IV for a description of the contents of the hospital verification report package.) Hospitals were asked to certify their data and to submit any written caveats to accompany the copies of the data released to qualified researchers.

The hospital specific responses are provided in this general documentation. The frequency reports are available for inspection. To examine this information, please contact the Division by fax at (617)727-7662.

General Documentation  
FY1991 Inpatient Hospital Discharge Database

General Data Definitions

Before turning to an examination of specific data elements, several basic data definitions (as contained in the 17.00 Regulation) and general data caveats should be noted.

Case Mix Data:

Case specific, discharge data which includes both clinical data, such as medical reason for admission, treatment, and services provided to the patient, and duration and status of the patient's stay in the hospital; and socio-demographic data, such as expected payor, sex, race, and patient zip code.

Charge Data

The full undiscounted total and service specific charges billed by the hospital to the general public.

Ancillary Services

The service and their definitions as specified in the Commonwealth of Massachusetts Hospital Uniform Reporting Manual (HURM). (And as specified by the reporting codes and mapping scheme as listed in the 17.00 Regulation.)

Routine Services

The services and their definitions as specified in HURM S3241, promulgated under 114.1 CMR 4.00. Reporting codes are defined in 114.1 CMR 17.06(2)(a).

Special Care Units

The units which provide patient care of a more intensive nature than provided to the usual medical, obstetric, or pediatric patient. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who require intense, comprehensive care. Special care units shall include, but not be limited to, those units specified in 114.1 CMR 17.06(2)(b).

Leave of Absence

The count in days of a patient's absence with physician approval during a hospital stay without formal discharge and readmission to the facility.



General Documentation  
FY1991 Inpatient Hospital Discharge Database

General Data Caveats

Information is not entirely consistent from hospital to hospital due to inherent differences in:

- Effort spent on collecting and verifying patient supplied information before or at admission;
- Effort spent on completing discharge abstracts prior to coding by medical staff (ability of medical records staff to collect complete, accurate diagnostic and procedural information easily from doctors or charts);
- Effort spent on medical record abstraction, consistency, completeness;
- Extent of hospital data processing capabilities;
- Flexibility of hospital data processing systems;
- Commitment to quality; “representative” merged case mix and charge data;
- Capacity of financial processing system to record and/or reflect “late” charges to the Rate Setting Commission Tape.

These general data caveats stem from information gathered through conversations with members of the Rate Setting Commission Case Mix Data Advisory Group (CMDAG), staff at the Massachusetts Health Data Consortium (MHDC), and the numerous and various admitting, medical record, financial, administrative, and data processing personnel who call to comment upon and question our procedural requirements during the process.

The following points provide additional information for users regarding the process of collecting and editing the data.

1. The Case Mix data in Massachusetts has been collected since FY1978. Fiscal Year 1983 was the “start-up” year for the submission of merged case mix and charge data.
2. The deadline for quarterly submission was extended from 90 to 120 days after the end of the quarter to enable more complete abstraction and compilation of financial and medical record information.
3. Error reports and frequency reports have been sent to the hospitals with ample opportunity to resubmit the data.
4. The Case Mix Data Advisory Group was established in 1983 to provide a forum for information exchange between hospitals, vendors, and the Commission.
5. Significant Commission staff time has been spent on documenting technical issues, problems and questions and verifying hospital supplied information in an attempt to discover and understand any major problem with the merged data.

General Documentation  
FY1991 Inpatient Hospital Discharge Database

General Data Caveats - Continued

Essentially, the Commission staff has attempted to respond to the various inconsistencies brought to our attention.

The case mix data, for the most part, is abstracted from discharge summaries derived from information gathered upon admission regarding expected payor status or derived from information entered by admitting and attending physicians into the medical record. In some hospitals, the Rate Setting Commission's diagnostic and procedural information may be summarized from incomplete discharge abstracts. More importantly, the principal diagnosis or procedure may be influenced by ambiguous or even illegible medical records, third party reimbursement policies, extent and experience of the medical record staff, as well as the sophistication of the DRG maximizing software employed by the hospital. Also, medical record coding expertise may not be consistent between hospitals.

The charge data is equally problematic. Certain hospitals did not have the capacity to add late charges to the Rate Setting Commission tape within the 120 day limit. In many hospitals "days billed" or "accommodation charges" do not equal the length of stay or the days that the patient spent in the hospital. Many hospitals have mentioned that their charges are a reflection of their pricing strategy and are not a reflection of resources spent in patient care delivery; therefore, charges cannot be used to compare hospitals.

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Specific Data Elements

The purpose of the following section is to provide the user with explanations of some data elements included in the 17.00 Regulation and to give a sense of their reliability.

**MDPH Hospital Computer Number**

The Massachusetts Department of Public Health four digit number. (See Attachment V.)

**Patient Race**

In the third and fourth quarters of fiscal year 1984, race codes were expanded to include Asian, Hispanic, and American Indian. Due to misconceptions regarding the collection of race information, the Rate Setting Commission has worked toward correcting the problem. A statement from the Massachusetts Commission Against Discrimination was sent to all hospital administrators. This statement explained that asking for race information was voluntary and not a form of discrimination.

How accurate the reporting of this data element is for a given hospital is difficult to ascertain; therefore the user should be aware that the distribution of patients for this data element may not represent an accurate grouping of a given hospital's population.

**Leave of Absence (LOA) Days**

The hospitals are required to report these days to the Commission if they are used. At present, there is no way for the Commission to verify the use of these days if they are not reported. Therefore, the user should be aware that the completeness of this category relies solely on the accuracy of a given hospital's reporting practices.

General Documentation  
FY1991 Inpatient Hospital Discharge Database

**SECTION II.**

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Hospital Listing: Verified Hospital Information As Complete and Accurate as it Appears  
on the FY1991 Database (Response A)

Amesbury Hospital  
Atlanticare Medical Center  
Berkshire Medical Center  
Boston City Hospital  
Brigham & Women's Hospital  
Brockton Hospital  
Cape Cod Hospital  
Cardinal Cushing Hospital  
Cooley Dickinson Hospital  
Fairview Hospital  
Falmouth Hospital  
Franklin Medical Center  
Hale Hospital  
Henry Heywood Memorial Hospital  
Holyoke Hospital  
Lawrence General Hospital  
Lawrence Memorial Hospital  
Leominster Hospital  
Leonard Morse Hospital  
Lowell General Hospital  
Malden Hospital  
Marlborough Hospital  
Mary Lane Hospital  
Massachusetts Eye & Ear Infirmary  
Medical Center of Central Massachusetts  
Melrose-Wakefield Hospital  
Mercy Hospital  
Milton Medical Center  
Morton Health Foundation, Inc.  
Mount Auburn Hospital  
Nantucket Cottage Hospital  
Nashoba Community Hospital  
New England Baptist Hospital  
New England Memorial Hospital  
Newton-Wellesley Hospital  
Norwood Hospital  
Providence Hospital  
St. Anne's Hospital  
St. Elizabeth's Hospital (Please see hospital comments in Section III)  
Saint Vincent  
South Shore Hospital  
Symmes Hospital  
J. B. Thomas Hospital  
Tobey Hospital  
University Hospital  
Whidden Memorial Hospital  
Wing Memorial Hospital

General Documentation  
FY1991 Inpatient Hospital Discharge Database

**SECTION III.**

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Hospital Listing: Discovered Discrepancies in Case Mix Data and Provided Detailed Adjustments (Response B)

Baystate Medical Center  
Beth Israel Hospital  
Children's Hospital  
Dana Farber Cancer Institute  
Emerson Hospital  
Faulkner Hospital  
Framingham Union Hospital  
Goddard Memorial Hospital  
Harrington Memorial Hospital  
Holy Family Hospital  
Hubbard Regional Hospital  
Lahey Clinic Hospital  
Ludlow Hospital Society  
Martha's Vineyard Hospital  
Massachusetts General Hospital  
New England Deaconess Hospital  
Noble Hospital  
North Adams Regional Hospital  
St. John's of Lowell Hospital  
Somerville Hospital  
Sturdy Memorial Hospital  
UMass Medical Center  
Waltham/Weston Hospital  
Winthrop Hospital

NOTE: St. Elizabeth's Hospital submitted Response A, but with comments which are included in this section.

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Baystate Medical Center  
Explanation of Discrepancies

Baystate Medical Center reported discrepancies in the area of Race. The hospital has provided the following corrections to their FY1991 verification report.

Category	MRSC	Hospital
<b>Race</b>		
Hispanic	20	4,456
Other	4,456	20



General Documentation  
FY1991 Inpatient Hospital Discharge Database

Beth Israel Hospital  
Explanation of Discrepancies

Beth Israel Hospital reported discrepancies in the areas of DRGs, # of Diagnosis Codes Used per Patient, # of Procedure Codes used per Patient, and MDCs. The hospital submitted the following letter as an explanation, which referenced the 4<sup>th</sup> quarter case mix merge tape.

Due to the new conversion on September 13, 1991, our year-end verification programs detected a large number of accounts with primary and no secondary ICD-9 codes because it did not copy the secondary ICD-9 codes for accounts that were already billed and in the Accounts Receivables systems. The DRGs were valid, but any analysis/processing which was the ICD-9s is adversely affected, including the rate setting data. The case mix index change after reviewing the updated records through is as follows:

FY91	CMI before ICD-9 update	= 1.562
FY91	CMI after ICD-9 update	= 1.594
	% Change	= 2.05%

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Children's Hospital  
Explanation of Discrepancies

Children's Hospital reported discrepancies in the area of Payor. The hospital has provided the following corrections to their FY1991 verification report.

Category	MRSC	Hospital
<b>Source of Payment</b>		
Self Pay	980	968
Medicare	125	150
Medicaid	3,864	3,910
Other Govt.	444	544
Blue Cross	3,744	3,775
Commercial	3,904	3,774
HMO	3,296	3,207
Other	0	29

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Dana Farber Cancer Institute  
Explanation of Discrepancies

Dana Farber Institute reported discrepancies in the areas of DRGs and MDCs. The hospital has provided the following corrections to their FY1991 verification report.

Category	MRSC	Hospital
<b>DRG</b>		
10	13	12
11	28	29
64	85	95
82	517	520
144	0	1
172	114	111
173	55	59
185	10	0
203	10	11
239	84	86
318	39	41
346	87	81
366	79	78
367	7	8
395	2	0
397	1	0
398	4	5
401	4	0
402	0	1
403	538	250
404	200	190
405	4	0
413	10	9
414	18	19
452	1	0
468	42	4
470	0	6
473	0	200
481	0	133
<b>MDC</b>		
0	0	3
3	86	96
4	531	530
6	185	174
7	10	11
8	90	91
12	100	97
16	7	6
17	775	776
21	1	0

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Emerson Hospital  
Explanation of Discrepancies

Emerson Hospital reported discrepancies in the area of LOA Days. The hospital has provided the following corrections to their FY1991 verification report.

Category	MRSC	Hospital
LOA Days		
	200	395

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Faulkner Hospital  
Explanation of Discrepancies

Faulkner Hospital reported discrepancies in the areas # of Discharges, Type of Admission, Source of Admission, Month of Discharge, Age, Race, Payor, LOA Patients, LOA Days, MDCs, Length of Stay, Disposition, DRGs, # of Diagnosis Codes Used per Patient, and # of Procedure Codes Used per Patient. The hospital has provided the following corrections to their FY1991 verification report.

Category	MRSC	Hospital
<b># Discharges</b>		
	7,267	7,266
<b>Type of Admission</b>		
Emergency	5,591	5,990
<b>Source of Admission</b>		
Physician Referral	2,644	2,643
<b>Month of Discharge</b>		
November	615	614
<b>Age</b>		
45-64	1,528	1,527
70-74	683	682
>=85	963	964
<b>Race</b>		
White	6,470	6,476
Black	494	495
Unknown	129	122
Hispanic	127	126
<b>Source of Payment</b>		
Self-Pay	242	241
Medicare	3,628	3,626
Blue Cross	829	828
Commercial Ins.	710	714
HMO	1,312	1,311
<b>Total Days</b>		
	53,952	53,959
<b>LOA Days</b>		
	29	41
<b>LOA Patients</b>		
	8	6

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Faulkner Hospital - Continued

Category	MRSC	Hospital
<b>Length of Stay</b>		
1 Day	995	994
2 Days	674	675
3 Days	752	751
4 Days	724	725
5 Days	1,120	1,119
8 Days	338	339
11-19 Days	790	787
> = 20 Days	512	514
<b>Disposition</b>		
Home Health Care	859	858
<b># Diagnosis Codes/Pt.</b>		
4 Codes	968	963
5 Codes	1,090	1,088
6 Codes	3,108	2,945
7 Codes	0	131
8 Codes	0	27
9 Codes	0	5
<b># Procedure Codes/Pt.</b>		
1 Code	2,454	2,453
2 Codes	1,395	1,396
3 Codes	836	835
4 Codes	540	539
5 Codes	590	566
6 Codes	0	12
7 Codes	0	9
8 Codes	0	3
9 Codes	0	1
<b>Discharges per DRG</b>		
1	6	5
14	120	121
96	139	138
97	12	13
152	33	32
<b>Discharges per MDC (including DRG 468-470)</b>		
MDC 6	826	825
<b>Discharges per MDC (excluding DRG 468-470)</b>		
MDC 6	810	809

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Framingham Union Hospital  
Explanation of Discrepancies

Framingham Union Hospital reported discrepancies in the area of Payor. The hospital has provided the following corrections to their FY1991 verification report.

Category	MRSC	Hospital
<b>Discharges by Payor</b>		
Self Pay	804	605
Workers Comp	87	86
Medicare	3,550	3,526
Medicaid	1,014	1,310
Blue Cross	1,745	1,769
Commercial Ins.	844	2,204
HMO	3,738	3,896
Other	1,614	4

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Goddard Memorial Hospital  
Explanation of Discrepancies

Goddard Memorial Hospital reported discrepancies in the area of # of Discharges. The hospital has provided the following corrections to their FY1991 verification report.

Category	MRSC	Hospital
No. of Discharges		
	11,379	11,398



General Documentation  
FY1991 Inpatient Hospital Discharge Database

Harrington Memorial Hospital  
Explanation of Discrepancies

Harrington Memorial Hospital reported discrepancies in the areas of Length of Stay and Accommodation Charges. The hospital has provided the following corrections to their FY1991 verification report.

Category	MRSC	Hospital
<b>Length of Stay</b>		
Med/Surg (Routine)	10,347,646	10,347,998
Other	352	0
<b>Accommodation Days</b>		
Med/Surg (Routine)	28,630	28,631
Other	1	0

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Holy Family Hospital  
Explanation of Discrepancies

Holy Family Hospital reported discrepancies in the areas of Type of Admission, Age, and Payor. The hospital has provided the following corrections to their FY1991 verification report.

Category	MRSC	Hospital
<b>Type of Admission</b>		
Emergency	5,180	5,179
Urgent	967	968
<b>Age</b>		
Newborn	1,026	1,027
65-69	693	692
<b>Payor</b>		
Self Pay	500	505
Medicare	3,671	3,661
Medicaid	1,573	1,578
Commercial	1,462	1,461
HMO	986	987

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Hubbard Regional Hospital  
Explanation of Discrepancies

Hubbard Regional Hospital reported discrepancies in the areas # of Discharges, Type of Admission, Month of Discharge, Payor, Disposition, and Ancillary Charges. The hospital has provided the following corrections to their FY1991 verification report.

Category	MRSC	Hospital
<b># Discharges</b>		
	2,134	2,135
<b>Month of Discharge</b>		
July	180	181
<b>Payor</b>		
Medicare	1,296	1,297
Medicaid	154	114
Blue Cross	227	158
Commercial	312	285
<b>Type of Admission</b>		
Urgent	1,204	1,206
Elective	262	261
<b>Disposition</b>		
Home	1,672	1,637
Acute Care	298	88
Home Health	1	396
Against Advice	40	38
<b>Ancillary Charges</b>		
Labor & Delivery	27	0
Renal Dialysis	193	0
Other	32,894	33,114

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Lahey Clinic Hospital  
Explanation of Discrepancies

Lahey Clinic Hospital reported discrepancies in the areas of # of Discharges, Type of Admission, Source of Admission, Month of Discharge, Age, Sex, Race, Payor, Length of Stay, Disposition, DRGs, # of Diagnosis Codes Used per Patient, # of Procedure Codes Used per Patient, Accommodation Charges, Ancillary Charges, and MDCs. The hospital has provided the following corrections to their FY1991 verification report.

Category	MRSC	Hospital
<b># Discharges</b>		
	11,850	11,851
<b>Type of Admission</b>		
Urgent	5,316	5,317
<b>Source of Admission</b>		
Clinic Referral	6,355	6,356
<b>Month of Discharge</b>		
September	958	959
<b>Age</b>		
45-64	4,051	4,052
<b>Sex</b>		
Female	5,543	5,544
<b>Race</b>		
White	10,133	10,134
<b>Payor</b>		
Blue Cross	2,601	2,602
<b>Total Days</b>		
	84,755	84,766
<b>Length of Stay</b>		
11-19 Days	1,467	1,468
<b>Disposition</b>		
Home	10,661	10,662
<b>No. Diagnosis Codes/Pt.</b>		
6 Codes	2,380	2,381
<b>No. Procedure Codes/Pt.</b>		
3 Codes	1,582	1,583
<b>Accommodation Charges</b>		
Total	50,014,300	50,019,375
Med/Surg (Routine)	41,374,800	41,378,175
Med/Surg (Special)	8,639,500	8,641,200
<b>Accommodation Days</b>		
Med/Surg (Special)	8,139	8,141

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Lahey Clinic Hospital - Continued

Category	MRSC	Hospital
<b>Ancillary Charges</b>		
Total	68,791,455	67,018,732
Pharmacy (250)	7,385,602	7,391,591
IV Therapy (260)	1,778,331	1,778,816
Med/Surg Supplies (270)	9,945,959	9,950,937
Laboratory (300)	12,302,280	12,307,141
Diagnostic Radio. (320)	3,577,584	3,578,425
Therapeutic Radio. (330)	161,708	162,717
CAT Scanner (350)	1,096,495	1,097,650
Surgical Service (360)	15,627,816	13,837,622
Anesthesiology (370)	639,557	639,632
Blood (380)	1,496,280	1,496,436
Blood Storage (390)	1,418,742	1,418,978
Respiratory Therapy (410)	2,254,549	2,254,763
Physical Therapy (420)	799,948	800,160
Occupational Therapy (430)	89,050	89,034
Emergency Room (450)	1,321,201	1,316,168
Recovery Room (710)	2,313,472	2,313,971
E.K.G. (730)	2,286,131	2,287,941
<b>Discharges/DRG</b>		
DRG 107	124	125
<b>Discharges/MDC (Incl. DRGs 468-470)</b>		
MDC 5	2,354	2,355
<b>Discharges/MDC (Excl. DRGs 468-470)</b>		
MDC 5	2,312	2,313

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Ludlow Hospital Society  
Explanation of Discrepancies

Ludlow Hospital Society reported discrepancies in the areas of Source of Admission and Ancillary Charges. The hospital has provided the following corrections to their FY1991 verification report.

Category	MRSC	Hospital
<b>Source of Admission</b>		
ICF	103	0
Other	14	117
<b>Ancillary Charges</b>		
Cardiac Cather.	9,718	0
Other	7,300	17,018

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Martha's Vineyard Hospital  
Explanation of Discrepancies

Martha's Vineyard Hospital reported discrepancies in the areas of LOA Patients and LOA Days. The hospital has provided the following corrections to their FY1991 verification report.

Category	MRSC	Hospital
LOA Patients		
	1	0
LOA Days		
	2	0

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Massachusetts General Hospital  
Explanation of Discrepancies

Massachusetts General Hospital reported discrepancies in the areas of DRG and Days. The hospital submitted the following letter of explanation.

We chose to use Response B.

After fully reviewing the Massachusetts General Hospital's merged case mix and charge verification report, we have identified two areas in which there appears to be discrepancies in the data.

Similar to FY1990, we encountered an inconsistency related to the cardiac DRG distributions between RSC and MGH. This variance was expected and we have determined that our discrepancy is due to a difference in our mapping software.

The second area relates to a 65 day discrepancy between the total counted days (page 4) and the total chargeable days (page 6). According to the accommodation charge information, the total of routine and special care accommodation days and LOS reconcile to our total days figure of 304,986. We have assumed the difference in the total chargeable days (page 6) and total days (page 4) is due to a variance in counting methodologies. We are presently working to resolve this difference.

In conclusion, we cannot agree that the tapes are completely accurate and we will be working with you to resolve these outstanding issues.



General Documentation  
FY1991 Inpatient Hospital Discharge Database

New England Deaconess Hospital  
Explanation of Discrepancies

New England Deaconess Hospital reported discrepancies in the area of Payor. The hospital has provided the following corrections to their FY1991 verification report.

Category	MRSC	Hospital
<b>Payor</b>		
Self Pay	331	320
Worker's Comp	65	63
Medicare	5,134	5,159
Medicaid	630	650
Blue Cross	2,830	2,853
Commercial	3,111	2,080
HMO	215	1,199

General Documentation  
FY1991 Inpatient Hospital Discharge Database

The Trustees of Noble Hospital, Inc.  
Explanation of Discrepancies

Noble Hospital reported discrepancies in the areas of Payor, DRGs, Accommodation Charges, and Ancillary Charges. The hospital has provided the following corrections to their FY1991 verification report.

Category	MRSC	Hospital
<b>Payor</b>		
Medicaid	240	245
Other Govt	8	5
Other	4	2
<b>Routine Accommodation Charges</b>		
Total Charges	11,325,936	11,259,719
Med/Surg	7,095,196	7,161,079
Other	132,100	0
<b>Total Days (Routine &amp; Special)</b>		
	29,243	26,788
<b>Total Ancillary Charges</b>		
	10,617,663	10,687,795

General Documentation  
FY1991 Inpatient Hospital Discharge Database

North Adams Regional Hospital  
Explanation of Discrepancies

North Adams Regional Hospital reported discrepancies in the area of Accommodation Days. The hospital has provided the following corrections to their FY1991 verification report.

Category	MRSC	Hospital
<b>Routine Accommodation Days</b>		
Total Days	30,524	32,206
Med/Surg	23,124	23,636
Obstetrics	137	1,205

General Documentation  
FY1991 Inpatient Hospital Discharge Database

St. Elizabeth's Hospital Response

St. Elizabeth's Hospital submitted a Response Sheet A in response to the data verification process, indicating that the data contained in the FY1991 merged case mix and charge data verification report was accurate and complete. However, the hospital's Chief Financial Officer also submitted a letter as follows.

In response to your request to verify the St. Elizabeth's Hospital merged case mix/billing data for FY1991 we have validated the data and provided background information on the charge data for those who will be using these reports in the future. We feel it is essential that users recognize the limitations of these data.

In our testing of the validation data, we found both the general statistical data and the DRG counts based on the Version-2 grouper to be generally consistent with internal reports generated by the ACH Computer Center and U.I.S. For users of these data, we would emphasize that other FY1991 DRG reports with which they are comparing or trending data may be based on Grouper Version-8. It is important to be alert to the differences in specific DRG counts which result from annual changes in the Grouper logic, with some DRGs split with medical conditions assigned to some DRGs redefined. The annual Grouper changes have a strong impact on the data for the affected disease categories.

As you are aware, it is essential to recognize in any use of this information that it is not correct to make comparisons with similar data in other St. Elizabeth's Hospital reports or with similar data from other hospitals, without first reconciling all data on a line item by item basis. Simplistic Comparisons of these FY1991 case mix/charge data among hospitals cannot result in conclusions that are credible for FY1991 much less valid for FY1992 for a variety of reasons which include the following:

1. Medical Records Documentation

Historically, medical records were intended primarily for use by Physicians. With changes in the reimbursement system they have become the primary means of documenting the need for all resources used in caring for the patient. The systems to provide this documentation of complete diagnostic information, including differences in the severity of illness of patients with the same diagnosis, are under development. They therefore vary in their level of sophistication from hospital to hospital.

As a result, comparative case mix complexity indices may reflect differences in coding practices among hospitals, in addition to differences in the type of patient treated. Further, the DRG Patient Classification System is inadequate to document differences in the severity of illness, or in the stage of disease, of patients who fall within the same DRG. The DRG system has been demonstrated to be completely inadequate, for example, for cancer, trauma, and psychiatry patients. Clearly, these factors affect the resources needed to care for patients,

General Documentation  
FY1991 Inpatient Hospital Discharge Database

St. Elizabeth's Hospital Response - Continued

1. Medical Records Documentation – Continued

and require further development and documentation. The DRG system is being refined to better reflect casemix differences.

2. Charge Structures Vary significantly among hospitals and from year to year

-Services included in the charge structure differ among hospitals within any given year. For example: Physician components may be included in one hospital's charge while in another it may not. If Hospital A pays its Radiologists for reading X-Rays, Radiology charges will be included with other patient charges. On the other hand, at Hospital B the physicians may be billing the patients directly and these charges will not be included in the Hospital's accounts.

-An individual hospital's charge structure may change substantially from year to year. Since the revenue cap applies only to total revenue, each hospital is free to adjust charges as it deems appropriate within the literally thousands of accounts. To comply with the revenue cap, hospitals may make charge adjustments at various times during the year (monthly, quarterly, or once annually). One hospital may decide to address compliance by adjusting only room and board charges. Another may adjust all charges across the board.

3. Inaccuracies of cost comparisons that depend on cost/charge ratios (RCCs) when these data are used in conjunction with data in the 403 cost reports.

- a. RCCs – The RCCs do not in any way reflect true costs. They are at best estimates of average costs net of income recoveries. They are influenced by the various methodologies among hospitals for grouping accounts included in the 403 cost centers, by the various allocation methodologies that are employed, and by the series of issues referenced above related to differences in hospital charge structures.

For example:

- (1) One hospital may generate twice as much parking income as another hospital of similar size. The full cost of the parking operations at the two may be the same, but clearly the cost/charge ratios will differ.
- (2) Since RCCs reflect only average costs, they break down further when small numbers are involved, as they are at the procedural level. True costs of procedures will vary with the time or day of the week, depending on such factors as differences in the staffing involved, comparable procedures performed at the same time, etc. An Open Heart procedure scheduled in advance is less costly than one performed on an emergency basis on a weekend evening. Averages also break down in looking at incremental costs.

General Documentation  
FY1991 Inpatient Hospital Discharge Database

St. Elizabeth's Hospital Response – Continued

The cost of performing the “next” Open Heart Procedure will be much less at an institution with high levels of fixed costs rather than in a hospital with high levels of variable costs.

b. Differences in data accumulation in the 403 Cost Report and the Case Mix/Billing Tapes

Analysis of these charge data in conjunction with financial data in the 403 Cost Reports is further complicated by the differences in data accumulation for these reports, which are generated for different uses. Two major factors result in data, which are not comparable:

- (1) There are differences in the cut-off points. The Case Mix system accumulates data on the basis of all charges accumulated prior to a patient's discharge, while the 403 accumulates charges posted to patient accounts with dates of service within a fiscal year.

Impact: The 403 Report includes charges posted to patient accounts before the patient is discharged; final billing must be completed before charges accumulate on the Case Mix tape.

- (2) The cost center summary level grouping of accounts defined for the Case Mix tapes differ from various groupings used by individual hospitals in preparing their 403 Cost Reports. These differences will vary from year to year, and among different hospitals in any given year.

General Documentation  
FY1991 Inpatient Hospital Discharge Database

St. John's Hospital  
Explanation of Discrepancies

St. John's Hospital reported discrepancies in the areas of DRGs and MDCs. The hospital has provided the following corrections to their FY1991 verification report.

Category	MRSC	Hospital
<b>DRG</b>		
1	21	20
2	6	4
4	8	7
5	29	31
7	4	3
8	11	8
10	10	9
11	2	3
18	6	7
19	4	6
24	43	39
25	26	30
26	22	24
28	13	8
29	3	8
31	6	3
32	9	12
34	8	7
35	2	3
42	10	13
55	5	6
63	0	2
64	3	2
69	11	12
75	28	16
76	12	20
77	3	4
79	40	45
80	2	5
82	40	42
83	7	6
85	7	5
86	2	4
87	15	2
88	84	86
89	259	211

General Documentation  
FY1991 Inpatient Hospital Discharge Database

St. John's Hospital – Continued

Category	MRSC	Hospital
<b>DRG</b>		
90	33	49
92	5	4
94	19	17
96	151	128
97	52	67
99	14	13
100	20	22
101	10	7
110	25	19
111	3	1
113	9	13
114	5	7
115	3	2
116	32	33
118	3	4
120	9	10
121	124	110
122	58	48
123	32	31
124	5	6
126	8	9
127	275	284
130	34	37
131	9	14
134	17	16
138	92	77
139	20	36
140	230	243
141	34	32
142	19	31
143	131	133
144	17	23
145	4	3
146	11	8
149	10	12
150	11	14
151	2	3
152	29	6
153	6	2



General Documentation  
FY1991 Inpatient Hospital Discharge Database

St. John's Hospital - Continued

Category	MRSC	Hospital
<b>DRG</b>		
154	21	10
157	22	12
158	8	9
159	9	8
160	3	4
161	29	18
162	18	30
164	6	5
165	12	13
168	17	1
169	41	4
172	18	19
174	79	91
175	7	17
176	5	7
177	10	12
178	7	8
179	19	20
180	32	27
181	12	17
182	162	154
183	92	113
185	6	8
187	5	2
188	17	22
191	3	4
192	4	1
193	5	4
195	23	22
197	71	47
198	80	101
199	2	3
201	2	3
208	13	18
209	67	70
210	59	48
211	0	7
213	4	3
214	23	21

General Documentation  
FY1991 Inpatient Hospital Discharge Database

St. John's Hospital - Continued

Category	MRSC	Hospital
<b>DRG</b>		
215	32	34
217	11	10
218	16	17
219	36	35
221	4	2
222	14	16
223	11	8
224	31	22
225	56	50
226	2	4
227	5	13
228	0	13
229	30	23
231	20	21
232	6	8
233	3	2
234	8	9
239	27	29
243	64	69
244	7	3
245	1	5
247	10	5
250	4	2
251	6	9
253	19	12
254	14	21
257	25	19
258	4	10
259	8	6
260	4	6
263	12	10
264	1	2
265	5	4
266	3	2
270	8	9
271	11	13
272	3	1
273	0	2
277	44	40

General Documentation  
FY1991 Inpatient Hospital Discharge Database

St. John's Hospital - Continued

Category	MRSC	Hospital
<b>DRG</b>		
278	22	28
280	15	14
281	2	3
283	0	2
284	5	3
287	6	5
292	10	4
294	59	50
296	103	87
297	6	25
298	18	20
304	5	3
305	1	3
306	9	4
307	2	5
308	3	4
309	0	2
310	27	26
311	5	6
315	1	4
318	5	6
320	69	65
321	16	21
323	46	41
324	13	16
325	10	8
331	8	14
336	84	55
337	17	45
340	5	6
341	0	1
354	32	3
355	14	1
356	19	15
357	1	4
358	10	6
359	1	24
360	2	6
366	7	6
367	0	1

General Documentation  
FY1991 Inpatient Hospital Discharge Database

St. John's Hospital - Continued

Category	MRSC	Hospital
<b>DRG</b>		
385	3	2
390	3	1
392	6	4
394	3	1
395	37	40
398	7	6
400	4	3
401	2	6
403	21	12
404	2	3
408	2	4
413	4	3
415	12	10
416	52	59
419	10	9
420	1	3
424	2	1
426	2	3
435	2	3
439	4	3
441	6	7
442	17	6
443	10	8
444	9	6
445	5	9
446	2	3
449	47	49
450	38	35
452	13	9
468	124	25
470	1	0

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Somerville Hospital  
Explanation of Discrepancies

Somerville Hospital reported discrepancies in the areas of # of Discharges and DRGs. The hospital has provided the following corrections to their FY1991 verification report.

Category	MRSC	Hospital
# Discharges		
	1,439	1,447
DRGs		
27	5	4
28	27	26
29	3	5
34	7	6
35	1	2
55	1	2
68	9	8
69	0	1
75	22	21
76	7	8
87	51	52
89	122	121
90	4	5
101	7	8
127	148	147
135	0	1
138	48	47
139	5	6
148	48	47
159	11	12
161	28	29
167	15	16
172	9	10
177	7	5
178	3	5
179	1	2
182	50	51
183	15	16
188	8	9
197	32	30
198	11	12
207	15	14
208	8	9
209	30	31

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Somerville Hospital - Continued

Category	MRSC	Hospital
<b>DRG</b>		
210	31	30
214	25	24
215	17	18
217	17	16
222	4	5
229	2	3
235	1	2
253	33	32
254	12	13
262	0	1
264	1	2
277	85	80
278	24	29
296	94	90
297	6	7
304	4	3
305	0	1
308	1	0
310	25	26
323	24	23
324	4	5
326	1	2
331	4	3
358	21	20
360	1	2
377	1	0
395	6	8
403	6	5
413	15	13
416	57	56
419	8	9
430	27	26
440	6	7
442	22	24
449	30	29
450	13	14
468	53	55
470	4	0

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Sturdy Memorial Hospital  
Explanation of Discrepancies

Sturdy Memorial Hospital reported discrepancies in the area of Ancillary Charges. The hospital has provided the following additional corrections to their FY1991 verification report.

Category	MRSC	Hospital
<b>Ancillary Charges</b>		
Diagnostic Radiology (320)	2,056,743	2,126,743
Surgical Service (360)	2,478,614	2,543,614
Recovery Room (710)	897,979	762,979
EKG (730)	113,620	898,595
EKG (740)	787,417	27,417

General Documentation  
FY1991 Inpatient Hospital Discharge Database

UMass. Medical Center  
Explanation of Discrepancies

UMass. Medical Center reported discrepancies in the areas of Source of Admission and Length of Stay. The hospital has provided the following additional corrections to their FY1991 verification report.

Category	MRSC	Hospital
<b>Length of Stay</b>		
11-20 Days	1,803	1,896
> 20 Days	1,248	1,155
<b>Source of Admission</b>		
HMO Referral	0	50
Clinic Referral	3,557	3,507



General Documentation  
FY1991 Inpatient Hospital Discharge Database

Waltham-Weston Hospital  
Explanation of Discrepancies

Waltham-Weston Hospital reported discrepancies in the areas of # of Discharges, Month of Discharge, and DRGs. The hospital has provided the following additional corrections to their FY1991 verification report.

Category	MRSC	Hospital
<b>Number of Discharges</b>		
	8,555	8,556
<b>Month of Discharge</b>		
April	718	719
<b>Discharges per DRG</b>		
DRG 24	67	68

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Winthrop Hospital  
Explanation of Discrepancies

Winthrop Hospital reported discrepancies in the areas of # of Discharges, DRGs, Accommodation Charges, and Ancillary Charges. The hospital has provided the following additional corrections to their FY1991 verification report.

Category	MRSC	Hospital
<b>Number of Discharges</b>		
	2,716	2,715
<b>Accommodation Days</b>		
Total	25,479	24,960
Med/Surg	14,211	14,367
Psychiatric	11,268	10,593
<b>Accommodation Charges</b>		
Med/Surg	7,077,908	7,099,380
Psychiatric	6,432,130	6,069,705
<b>Ancillary Charges</b>		
Total	8,344,913	8,415,340

## **SECTION IV**

General Documentation  
FY1991 Inpatient Hospital Discharge Database

**Data Discrepancies:** Hospitals reported discrepancies as listed in the following categories.

No. Of Discharges

Faulkner Hospital  
Goddard Memorial Hospital  
Hubbard Regional Hospital  
Lahey Clinic  
Somerville Hospital  
Waltham/Weston Hospital  
Winthrop Hospital

Month of Discharge

Faulkner Hospital  
Hubbard Regional Hospital  
Lahey Clinic  
Waltham/Weston Hospital

Discharges By Payor

Children's Hospital  
Faulkner Hospital  
Framingham Union Hospital  
Holy Family Hospital  
Hubbard Regional Hospital  
Lahey Clinic  
New England Deaconess Hospital  
Noble Hospital

Length of Stay

Faulkner Hospital  
Harrington Memorial Hospital  
Lahey Clinic  
UMass. Medical Center

Number of Diagnosis Codes Used per Patient

Beth Israel Hospital  
Faulkner Hospital  
Lahey Clinic

Number of Procedure Codes Used per Patient

Beth Israel Hospital  
Faulkner Hospital  
Lahey Clinic

General Documentation  
FY1991 Inpatient Hospital Discharge Database

**Data Discrepancies:** Hospitals reported discrepancies as listed in the following categories.

Type of Admission

Faulkner Hospital  
Holy Family Hospital  
Hubbard Regional Hospital  
Lahey Clinic

Age

Faulkner Hospital  
Holy Family Hospital  
Lahey Clinic

LOA Patients

Faulkner Hospital  
Martha's Vineyard Hospital

LOA Days

Emerson Hospital  
Faulkner Hospital  
Martha's Vineyard Hospital

Disposition

Faulkner Hospital  
Hubbard Regional Hospital  
Lahey Clinic

Accommodation Charges

Harrington Memorial Hospital  
Lahey Clinic  
Noble Hospital  
Winthrop Hospital

Ancillary Charges

Hubbard Regional Hospital  
Lahey Clinic  
Ludlow Hospital Society  
Noble Hospital  
Sturdy Memorial Hospital  
Winthrop Hospital

General Documentation  
FY1991 Inpatient Hospital Discharge Database

**Data Discrepancies:** Hospitals reported discrepancies as listed in the following categories.

Source of Admission

Faulkner Hospital  
Lahey Clinic  
Ludlow Hospital Society  
UMass. Medical Center

Sex

Faulkner Hospital  
Lahey Clinic

Total Patient Days

Faulkner Hospital  
Lahey Clinic  
Massachusetts General Hospital  
Noble Hospital  
North Adams Regional Hospital

Race

Baystate Medical Center  
Faulkner Hospital  
Lahey Clinic

DRGs

Beth Israel Hospital  
Dana Farber Cancer Institute\*  
Faulkner Hospital  
Lahey Clinic  
Massachusetts General Hospital  
Noble Hospital  
St. John's Hospital of Lowell\*  
Somerville Hospital  
Winthrop Hospital  
Waltham/Weston Hospital

MDCs

Beth Israel Hospital  
Dana Farber Cancer Institute\*  
Faulkner Hospital  
Lahey Clinic  
St. John's Hospital of Lowell\*

\* - The hospital used the Version VIII grouper instead of the Version II grouper when making comparisons to the Verification Report.

## **SECTION V**

General Documentation  
FY1991 Inpatient Hospital Discharge Database

List of Hospitals that Did Not Respond to the Verification Report  
(Neither Response A Nor Response B)

Adcare Hospital  
Addison Gilbert Hospital  
Anna Jaques Hospital  
Athol Memorial Hospital  
Beverly Hospital  
Burbank Hospital  
Cambridge Hospital  
Carney Hospital  
Charlton Memorial Hospital  
Clinton Hospital  
Glover Memorial Hospital  
Hahnemann Hospital  
Heritage Hospital  
Hillcrest Hospital  
Jordan Hospital  
Milford-Whitinsville Hospital  
New England Medical Center  
Quincy Hospital  
St. Joseph's Hospital  
St. Luke's Hospital of New Bedford  
St. Margaret's Hospital  
Salem Hospital  
Southwood Community Hospital  
Winchester Hospital  
Worcester City Hospital



## **SECTION VI**

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Unacceptable Data File

For Fiscal Year 1991, all hospitals submitted four quarters of acceptable data. Therefore, there is no information included in this file.

## **SECTION VII**

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Attachment I

MASSACHUSETTS RATE SETTING COMMISSION  
RESPONSE SHEET A

\_\_\_\_\_  
(HOSPITAL)

General Instructions

Fully review your hospital's FY1991 merged case mix and charge data verification report. If you agree that the data as it appears in the verification report is the data that was submitted to the Commission by the hospital on its quarterly merged case mix tapes, and if you agree that this data accurately represents the hospital's case mix profile, then you must complete and return this form to the Massachusetts Rate Setting Commission (MRSC). If the MRSC has not received the completed form by **Friday May 29, 1992**, when the general documentation is published, your hospital's name will be listed among those who did not respond. The hospital may submit additional comments to the Commission if it so desires.

I, \_\_\_\_\_ WITH AUTHORITY SPECIFICALLY

(Please print full name)

VESTED IN ME BY THE GOVERNING BODY, HEREBY CERTIFY THAT I HAVE EXAMINED AND VERIFIED THE DATA CONTAINED IN THE MRSC'S FY'91 MERGED CASE MIX AND CHARGE DATA VERIFICATION REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE DATA IS ACCURATE AND COMPLETE. THIS DECLARATION IS BASED UPON ALL INFORMATION OF WHICH I HAVE KNOWLEDGE. THIS CERTIFICATION IS SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

SIGNED:

TITLE:

DATE:

If the Commission has any questions regarding the hospital's response, it should contact M\_. \_\_\_\_\_ at ( )-\_\_\_\_-\_\_\_\_.

(Name)

Return to: Mr. Paul Henry, Data Analyst  
The Massachusetts Rate Setting Commission  
Two Boylston Street  
Boston, MA 02116

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Attachment II

MASSACHUSETTS RATE SETTING COMMISSION  
RESPONSE SHEET B

\_\_\_\_\_  
(HOSPITAL)

General Instructions

Fully review your hospital's FY1991 merged case mix and charge data verification report. If you have noted any discrepancies in the data, then you must complete the following statement. Your hospital must also supply the proper figures and provide comments to explain the discrepancies. These comments must be typed and submitted with this form. The hospital may submit additional comments to the Commission if it so desires. If the MRSC has not received the completed form by Friday May 29, 1992, when the general documentation is published, your hospital's name will be listed among those who did not respond. Your hospital may also miss any final opportunity to correct your case mix data.

Please note: any figures and comments accompanying this response sheet will comprise the entire documentation of your hospital's FY'91 merged case mix and charge data submissions and will be distributed as is to all qualified users of the data base.

I, \_\_\_\_\_ WITH AUTHORITY SPECIFICALLY VESTED IN ME BY  
(Please print full name)  
THE GOVERNING BODY, HEREBY CERTIFY THAT I HAVE EXAMINED AND VERIFIED  
THE DATA CONTAINED IN THE MRSC'S FY'91 MERGED CASE MIX AND CHARGE  
DATA VERIFICATION REPORT AND THAT THE DATA IS ACCURATE AND COMPLETE  
EXCEPT FOR THE FOLLOWING CATEGORIES:  
# of Discharges \_\_ Type of Adm. \_\_ Source of Adm. \_\_  
Month of Discharge \_\_ Age \_\_ Sex \_\_ Race \_\_ Payor \_\_  
LOA Patients \_\_ LOA Days \_\_ MDCs \_\_ Length of Stay \_\_  
Disposition \_\_ DRGs \_\_ # Diagnosis Codes Used per Patient \_\_  
Accom. Charges \_\_ # of Procedure Codes Used per Patient \_\_ Ancill. Charges\_\_

I HAVE ATTACHED CORRECTED DATA AND SPECIFIC INFORMATION AS TO WHY  
THESE DATA DIFFER FROM THE ORIGINAL DATA SUBMITTED TO THE MRSC BY  
THE HOSPITAL ON ITS QUARTERLY CASE MIX TAPES. THIS DECLARATION IS  
BASED UPON ALL INFORMATION OF WHICH I HAVE KNOWLEDGE. THIS  
CERTIFICATION IS SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

SIGNED:

TITLE:

DATE:

If the Commission has any questions regarding the hospital's response, it should contact  
M. \_\_\_\_\_ at ( )-\_\_\_\_-\_\_\_\_\_.

(Name)

Return to: Mr. Paul Henry, Data Analyst  
The Massachusetts Rate Setting Commission  
Two Boylston Street  
Boston, MA 02116

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Attachment III

TYPE A ERRORS

Record Type  
Submitter ID Number  
Receiver ID  
DPH Hospital Computer Number  
Type of Batch  
Period Starting Date  
Period Ending Date  
Patient Medical Record Number  
Patient Sex  
Patient Birthdate  
Patient Over 100 Years Old  
Admission Date  
Discharge Date  
Patient Status  
Billing Number  
Claim Certificate Number  
Source of Payment  
Revenue Code  
Units of Service  
Total Charges (by Revenue Code)  
Principal Diagnosis Code  
Associate Diagnosis Code (I-IV)  
Principal Procedure Code  
Significant Procedure Codes (I-II)  
Number of ANDs  
Physical Record Count  
Record Type 2x Count  
Record Type 3x Count  
Record Type 4x Count  
Record Type 5x Count  
Total Charges: Special Services  
Total Charges: Routine Services  
Total Charges: Ancillaries  
Total Charges: All Charges  
Number of Discharges  
Total Charges Accommodations  
Submitter Employer Identification Number  
Number of Providers on Tape  
Count of Batches  
Batch Counts (11, 22, 33, 99)

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Attachment III - Continued

TYPE B ERRORS

Patient Race

Type of Admission

Source of Admission

Patient Zip Code

Attending Physician Number

Operating Physician Number

Date of Principal Procedure

Date of Significant Procedures

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Attachment IV

Contents of Hospital Verification Report Package

- Seven Page Frequency Distribution Report containing the following data elements:
  - Total Number of Discharges
  - Type of Admission
  - Source of Admission
  - Month of Discharge
  - Age
  - Sex
  - Race
  - Payor
  - Leave of Absence Patients
  - Leave of Absence Days
  - Total Days
  - Length of Stay
  - Average Length of Stay
  - Disposition Status
  - Number of Diagnosis Codes Used per Patient
  - Number of Procedure Codes Used per Patient
  - Accommodation Charge Information
  - Ancillary Charge Information
- Complete Listing of Discharges per DRG
- Top 20 DRG's in Rank Order
- Major Diagnostic Categories (MDC's) in Rank Order
- Response Sheets A & B: Completed by hospitals and returned to the Rate Setting Commission



General Documentation  
FY1991 Inpatient Hospital Discharge Database

Attachment V  
Hospital Listing With the Department of Public Health Computer Facility Numbers

<b>DPH Facility Number</b>	<b>Hospital Name</b>
2202	Adcare Hospital of Worcester
2016	Addison Gilbert
2078	Amesbury
2006	Anna Jaques
2226	Athol Memorial
2073	Atlanticare Medical Center
2339	Baystate Medical Center
2313	Berkshire Medical Center
2069	Beth Israel
2007	Beverly
2307	Boston City
2921	Brigham & Women's
2118	Brockton
2034	Burbank
2108	Cambridge
2135	Cape Cod
2311	Cardinal Cushing General
2003	Carney
2337	Charlton Memorial
2139	Children's
2126	Clinton
2155	Cooley Dickinson
2335	Dana Farber Cancer Institute
2018	Emerson
2052	Fairview
2289	Falmouth
2048	Faulkner
2020	Framingham Union
2120	Franklin Medical
2054	Glover Memorial
2101	Goddard Hospital
2091	Hahnemann of Boston
2143	Harrington Memorial
2131	Hale
2036	Henry Heywood
2119	Heritage*
2231	Hillcrest

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Attachment V  
Hospital Listing With the Department of Public Health Computer Facility Numbers

<b>DPH Facility Number</b>	<b>Hospital Name</b>
2225	Holy Family**
2145	Holyoke
2157	Hubbard Regional
2082	Jordan
2033	Lahey Clinic
2099	Lawrence General
2038	Lawrence Memorial
2127	Leominster
2039	Leonard Morse
2040	Lowell General
2160	Ludlow Hospital Society
2041	Malden
2103	Marlborough
2042	Martha's Vineyard
2148	Mary Lane
2167	Mass. Eye & Ear
2168	Mass. General
2077	Medical Center of Central Mass. ***
2058	Melrose-Wakefield
2149	Mercy
2105	Milford-Whitinsville
2227	Milton
2022	Morton Health Foundation, Inc.
2071	Mt. Auburn
2044	Nantucket Cottage
2298	Nashoba Community
2059	N. E. Baptist
2092	N. E. Deaconess
2299	N.E. Medical Center
2060	N. E. Memorial
2075	Newton-Wellesley
2076	Noble
2061	North Adams Regional
2114	Norwood
2150	Providence
2151	Quincy
2011	St. Anne's
2085	St. Elizabeth's

General Documentation  
FY1991 Inpatient Hospital Discharge Database

Attachment V  
Hospital Listing With the Department of Public Health Computer Facility Numbers

<b>DPH Facility Number</b>	<b>Hospital Name</b>
2029	St. John's of Lowell
2063	St. Joseph's
2010	St. Luke's of New Bedford
2065	St. Margaret
2128	St. Vincent
2014	Salem****
2001	Somerville
2107	South Shore
2856	Southwood Community
2100	Sturdy Memorial
2171	J.B. Thomas
2106	Tobey
2084	University
2841	UMass. Med. Center
2067	Waltham/Weston
2046	Whidden Memorial
2094	Winchester
2181	Wing Memorial
2013	Winthrop Community
2125	Worcester City

\* Formerly Central Hospital

\*\* Formerly Bon Secours Hospital

\*\*\* Merger of Holden District, Worcester Hahnemann, and Worcester Memorial Hospitals

\*\*\*\* Merger of Salem and North Shore Children's Hospitals